BY ORDER OF THE COMMANDER,
PACIFIC AIR FORCES

PACAF INSTRUCTION 16-1205

20 AUGUST 1999

Operations Support

MEDICAL TRAINING-PARARESCUE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: HQ PACAF/DOTV
(MSgt Kevin S. Jones)
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Certified by: HQ PACAF/DOT
(Col Thomas Poulos, Jr.)
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This instruction prescribes the HQ PACAF program for Pararescue medical training and skills. It covers the minimum training and skills required to maintain Pararescue medical proficiency. These requirements shall be implemented upon receipt as policy, pending publication of AFI 16-1205, *Pararescue Medical Training and Certification.* This instruction implements AFPD 16-12, *Operations Support,* Pararescue and supplements guidance found in the AFI 16-1203. Selected paragraphs of this publication do not apply to Air National Guard (ANG) units and members. This instruction does not apply to US Air Force Reserve (USAFR) units and members. The reporting requirement in this directive (**Chapter 2**, paragraphs **2.3.** and **2.5.3.**) is exempt from licensing in accordance with paragraph 2.11.4 of AFI 37-124, *The Information Collections and Reports Management Program*; *Controlling Internal, Public, and Interagency Air Force Information Collection.*

SUMMARY OF REVISIONS

This change revises the office symbol for HQ ACC/XOFT (paragraph **2.5.3.**); updates the level of NREMT certification that Pararescuemen must maintain to EMT-P and grandfathers those Pararescuemen who are EMT-I, (paragraph **3.2.**); re-establishes Medical Proficiency Evaluations failure administration and documentation (paragraph **3.4.2.**). New or revised material is indicated by a (|).

Chapter 1

GENERAL

1.1. Scope. The CSAR environment demands evaluation and treatment of injuries as quickly and skillfully as possible. It is imperative that Pararescue personnel maintain the highest levels of proficiency in emergency medical treatment procedures.

1.2. Deviations and Waivers. This instruction is directive in nature. Organizations requiring variance from procedures within this instruction require a waiver. Waiver authority for this instruction is HQ PACAF/DO. Portions of this instruction may have waiver authority delegated to HQ PACAF/DOT. ANG waiver authority for this instruction is ANG/DO.

1.2.1. Waiver requests. Forward waiver requests through the appropriate command channels to HQ PACAF/DOTV for active duty and ANG/DOOM for ANG with the following information in narrative format:

1.2.1.1. Procedure to be deviated from.

1.2.1.2. Circumstances which necessitate the requirement for waiver.

1.2.1.3. Impact of denial of the waiver.

1.2.1.4. Inclusive dates of the waiver period.

1.2.1.5. Specific location the waiver is to be granted.

1.2.1.6. Units/individuals requiring the waiver.

1.2.2. Deviations occurring during mission execution should be reported to HQ PACAF/DOTV within 24 hours if operationally/tactically feasible with written waiver request submitted as soon as is practical.

1.3. Local Operating Procedures. Units with Pararescue personnel assigned may publish local operating procedures to alter or amend the provision of this instruction to make them more restrictive, if necessary. Units will forward, through channels, an informational copy of local unit operating procedures to HQ PACAF/DOTV.

1.4. Recommended Changes. Submit proposed changes on a USAF Form 847, **Recommendation for Change of Publication**. Proposed changes may be sent via e-mail to dotv_admin@cidss.af.mil or hard copy addressed to HQ PACAF/DOTV, 25E Street, Suite I-232, HICKAM AFB, Hawaii 96853-5426.

1.5. Records Disposition. Records and logbooks mandated by this instruction will be maintained in accordance with (IAW) AFMAN 37-139, *Records Disposition Schedule*.

Chapter 2

RESPONSIBILITIES

2.1. Background .The Emergency Medical System (EMS) has continually demonstrated that advanced and frequent lifesaving health care can be delivered to acutely ill or injured patients. Paralleling the accomplishments in EMS is a myriad of new technology and the continual development of "special" EMS equipment designed for pre-hospital use. Intuition, along with past experience, tells us that an aggressive and well organized medical training and re-certification program is required to provide safe and efficient pre-hospital care.

2.2. Squadron Medical Element (SME) Responsibilities. (Does not apply to the ANG). In PACAF, the Squadron Medical Element (SME) flight surgeon will act as the Pararescue Medical Director and assist in the oversight, implementation, and conduct of medical efforts. Each Rescue Squadron (RQS) will appoint a Pararescue Medical Training NCO who will work closely with the SME Flight Surgeon Medical Director to coordinate training and ensure currency and re-certification requirements are met. In the absence of the SME flight surgeon (i.e. deployments, mishap investigation board, etc.) the Pararescue Medical Training NCO will act as the medical training manager for all Pararescue medical related issues.

2.2.1. Each deployable rescue squadron will have an SME assigned. The SME is a dedicated asset that deploys with the squadron in support of contingency operations with an emphasis on rapid deployment and bare base operations. Manning will consist of a flight surgeon and two aeromedical technicians (AFSC 4F0XX). An independent duty medical technician or medical logistician may be substituted for one of the 4F's if the hospital manning situation allows.

2.2.2. The SME will have many direct and indirect responsibilities to the rescue squadron and local medical facility. These responsibilities will not be limited to support of the deployed mission but will include medical support to the squadron and local medical facility at the home station. SME personnel will have proficiency and refresher training requirements to maintain in addition to providing assistance for all Pararescue medical issues to include academic and clinical training, annual medical proficiency evaluations, and medical certifications.

2.2.3. Historically, SME flight surgeons have found that in addition to flying requirements with the squadron, a minimum of two to three hours per week are needed to provide oversight to the Pararescue medical training program. It is understood that providing this time will require a team effort by squadron and aerospace medicine management.

2.3. Pararescue Medical Operations Advisory Board (MOAB) Responsibili ties. The Pararescue MOAB will get together at least twice a year to review each mission report to identify positive or negative trends in patient treatment, new equipment or medication shortfalls that influenced the outcomes, etc. After the meeting, they will send out a CROSSTELL letter to all Pararescue units with their findings. The ranking member of the Pararescue MOAB will serve as the board president and will report to the HQ ACC/SG periodically (at least twice a year) and give him a status report of the career field. As a minimum, the board members will consist of the Pararescue Functional Manager and Command Flight Surgeon (or his designated representative) for MAJCOM's with Pararescuemen assigned.

2.4. Memorandum of Understanding (MOU). Establishing a Memorandum of Understanding (MOU) may require assistance from the flight surgeon's office. The use of a military medical facility may require a MOU that states the training needed and ensures continuity of the training program. Training may be accomplished in concert with the aeromedical technician SME clinical training program. The use of a civilian medical facility will require a MOU. The SME flight surgeon and/or Pararescue Medical Training NCO will provide any necessary coordination with the Base Medical Treatment Facility commander and ensure MOU's are processed and approved IAW AFI 41-108. The agreement between the rescue squadron and facility will vary depending upon the type of facility utilized for the training. If difficulty in establishing an effective clinical training program is encountered, request assistance from the HQ PACAF/SGGP office through HQ PACAF/DOTV. Send a copy of all MOU's to PACAF/SGGP, 25 E Street, Suite D-1, Hickam AFB, HI. 96853-5418.

2.5. Medical Mission Reporting.

2.5.1. (Does not apply to the ANG). As an adjunct to medical training, each squadron will conduct a patient care debriefing with the SME flight surgeon within 10 duty days of actual rescue missions in which medical care is rendered. The intent of this debrief is not to find fault but to identify positive treatment or deviations in standards of care.

2.5.2. Since Pararescuemen are tasked to deliver medical treatment under adverse conditions while working on actual rescue missions, positive treatment or deviations in standards of care need to be acknowledged. Group discussions to find better solutions to resolve similar situations and active cross flow of this information between MAJCOM's via the Pararescue Medical Operations Advisory Board is vital.

2.5.3. Patient care debriefings will be summarized and documented with the Medical After Action Reports. Documentation will be in narrative format and will include type of mission, findings, and recommendations. A Mission Report is required to be filled out on all rescue missions in which medical care is rendered within 10 duty days. Distribute or e-mail Mission Reports to the following agencies:

HQ ACC/SGOP/J/XOFT
162 Dodd Blvd, Suite 100
LANGLEY AFB, VA 23665-1995

HQ AETC/DOJ
61 Main Circle, Suite 2
Randolph AFB, TX 78150-4545

HQ PACAF/DOTV
25 E St. Suite I 232
Hickam AFB, HI 96853-5426

720th STG/Group Surgeon
223 Cody Ave
Hurlburt Field, FL 32544-5309

HQ USAF/XOOP
WASHINGTON DC, 20330-5440

10 AF/DOTR
NAS, JRB, FT WORTH, TX 76127

NGB/DOOM
ANDREWS AFB, DC 20331-6008

Chapter 3

REQUIREMENTS

3.1. Required Components. The following components will compose the PACAF medical training program:

3.1.1. National Registry of Emergency Medical Technicians (NREMT) EMT-Intermediate or Paramedic level certification (paragraph **3.2.**).

3.1.2. Continuing Medical Education (CME) to meet EMT-I/P re-certification requirements (paragraph **3.3.**).

3.1.3. Medical Proficiency Evaluation (paragraph **3.4.**).

3.1.4. Clinical Training (paragraph **3.5.**).

3.1.5. Advanced Training/Medical Seminars (paragraph **3.6.**).

3.1.6. Academics (paragraph **3.7.**).

3.1.7. Situational Medical Exercises (paragraph **3.8.**).

3.1.8. Pararescue Medication and Procedure Handbook (paragraph **3.9.**)

3.2. NREMT Certification. All Pararescuemen will maintain, as a minimum, National Registry EMT-Paramedic certification. Any Pararescueman who fails to re-certify as an EMT-P will not be used on operational missions. Current EMT-I Pararescue personnel assigned in PACAF are "grandfathered" at their current level of certification for the duration of their current assignment. They should receive EMT-P training at the first opportunity. This will normally be in conjunction with PCS to minimize costs and operational impact. EMT-P is the new standard for Pararescue personnel. A transition period of no more than three years is anticipated. Accordingly, Pararescue personnel must be certified at the EMT-P level NLT 1 July 02 to participate in operational missions in PACAF.

3.2.1. NREMT certification may be documented as part of Tab 8 in the individuals' OJT records or as part of a locally developed CME folder. NREMT certification will be identified on unit AFORMS products.

3.2.2. Squadrons may request waivers for those Pararescuemen unable to maintain EMT-I/P certification through HQ PACAF/SGG with an information copy to HQ PACAF/DOTV. It is expected that such cases would be exceptions and will be reviewed on individual merit. The request will include name, rank, SSN, unit of assignment, and reason why certification was not maintained in addition to the requirements outlined in paragraph **1.2.** from above.

3.3. Continuing Medical Education (CME). Obtain required number of CME hours as well as required skill maintenance verification IAW current NREMT-I/P guidelines.

3.3.1. The Pararescue Medical Training NCO, in addition to the unit scheduling and training sections, are responsible for tracking and assuring all Pararescuemen complete all medical training and certifications.

3.3.2. Validate all medical training needed toward CME credit with a certificate of completion signed by instructor, preceptor, medical training NCO, staff development officer, or the SME flight surgeon.

3.4. Medical Proficiency Evaluations (MPE). (Does not apply to the ANG). Mission-ready Pararescue personnel will be evaluated, as a minimum, at least once every 18 months to determine their proficiency levels. Spot MPE's may be administered whenever the Pararescue Superintendent, Chief Stan/Eval Pararescueman, SME Flight Surgeon, Wing or Higher HQ Stan/Eval Pararescueman warrant that a spot MPE be administered. MPE's may be administered in conjunction with Employment Evaluations. Whenever practical, the SME Flight Surgeon Medical Director will assist in the evaluations. Any task certifier may conduct the MPE. The SME Flight Surgeon, Wing, or higher HQ Stan/Eval Pararescueman will give the Chief Stan/Eval Pararescueman and Pararescue Superintendent his recurring MPE. The CHIEF STAN/EVAL PJ may also give the Pararescue Superintendent his MPE. Pararescuemen who have recently graduated from the 1T231 course may use their Pararescue graduation date as the date of their last annual MPE.

3.4.1. Units may utilize criteria and procedural checklists developed by SME Flight Surgeon and/or Chief Stan/Eval Pararescueman when administering MPE's. Guidance for developing these can be found in the Pararescue Medication and Procedure Handbook, AFSOCI 16-1201, *Brady's Paramedic Manual, Pre-Hospital Trauma Life Support Instructor Manual, Wilderness Medical Society Research and Clinical reports*, and various other publications. If your unit requires help in developing MPE checklists contact HQ PACAF/DOTV.

3.4.2. Certification and De-certification Procedures. Certify Pararescue personnel who successfully complete the annual MPE using AF Form 803. MPE's will also be listed as an item on unit AFORMS products. Decertify those who fail using procedures outlined in the OJT system. Those who fail the evaluation will only be tasked to participate in training missions under direct supervision of an OJT trainer or certifier. Failures will be re-tested within 7 duty days. Those who fail the retest will be recommended for review board action. Review board action will be accomplished IAW AFI 16-1203. MPE's for PACAF Pararescuemen are considered to be core evaluations and will use the same general guidance as other core evaluation requirements outlined in AFI 16-1203.

3.5. Clinical Training. Commanders and Pararescue Superintendents must ensure programs are established that allow Pararescuemen clinical practice at a military medical facility, civilian medical facility or active Trauma center, Ambulance, or Life Flight helicopter services. This clinical training will provide an active interface with health care professionals involved with daily patient assessment and care. This training will afford the Pararescueman opportunities for patient contact and, in the process, gain proficiency performing those procedures outlined in the Pararescue Medication and Procedures Handbook and OJT records. Techniques for most procedures can only be mastered through patient contacts. Under the supervision of a licensed professional, Pararescuemen must be afforded the opportunity to perform these procedures. The number of hours per re-certification period that a Pararescueman must accomplish will vary with the type of medical facility but NREMT guidelines per re-certification period will be a minimum requirement.

3.6. Advanced Training/Medical Seminars. Medical seminars keep Pararescuemen in tune with the latest in pre-hospital treatment and philosophy. They also get Pararescuemen some, but not all, of the needed CME hours required for re-certification. There are a number of medical seminars that do not teach current treatment protocols that are in line with the Pararescue Medication and Procedure Handbook. For this reason, caution should be observed to only perform procedures approved by the Pararescue Medical Operations Advisory Board when performing medical duties as an USAF Pararescueman. Some medical seminars that follow MOAB procedures are listed at **Attachment 2** of this instruction. The ACC/SG web

site also maintains a current approved listing of seminars that are in line with the Pararescue Medication and Procedures Handbook. If the unit discovers a medical seminar that is not listed, and follows the MOAB guidance for procedures, contact the Pararescue MOAB for review and inclusion on the list/web site. Advanced training may also include guest lecturers coming to the squadron during medical "in service" training or attending local classes at the base or local hospital.

3.6.1. Pararescue budget inputs to the squadron FINPLAN's should include a forecast that sends each Pararescueman to a medical seminar during their re-certification period.

3.6.2. Space Shuttle Support. Pararescuemen who provide contingency medical support to the Department of Defense Manager Space Transportation System (DDMS) for space shuttle operations require specialized training such as spacesuit removal and orbiter toxicology. Pararescuemen who are tasked to support shuttle launches at Patrick, Cape Canaveral, or Trans-Oceanic Abort Landing (TAL) sites will be trained IAW the current DDMS OPLAN. Contact Mr. Lowdermilk at DSN 854-5981 if you don't have a copy of the current OPLAN.

3.6.3. U2 Support. Pararescuemen who provide medical alert duties that may involve the U2 require specialized training in spacesuit removal and national resource protection.

3.7. Academic Training. Conduct academic training as required to update and reinforce emergency medical principals and techniques outlined in the Pararescue Medication and Procedure Handbook and OJT records. Academic training can be on any topic taught in the National Registry EMT-Basic, Intermediate, or Paramedic courses.

3.8. Situational Medical Exercises (SitMedEx's). (Does not apply to the ANG). It is recommended that each squadron conduct periodic SitMedEx's. This exercise will indicate individual proficiency levels and identify strengths and weaknesses of the Pararescueman. It may also be used as a training tool to identify trend areas, additional training required, and/or the need for a spot or annual MPE. A goal would be for each Pararescueman to participate in at least one such exercise every three to six months. This exercise is a method for Pararescuemen to find practical solutions to the problem of providing triage and emergency medical treatment under field conditions.

3.8.1. Develop realistic exercise scenarios that approximate actual mission conditions as much as possible, to include in-flight medical treatment if possible. Medical scenarios should incorporate Alternate Insertion and Extraction, parachute employment, freefall swimmer employment, Night Vision Devices, CASEVACs with SME medical personnel, and Mass Casualty situations whenever possible. They may be employed in conjunction with an employment evaluation. Conduct these exercises as a learning experience versus an evaluation when not part of another evaluation.

3.8.2. The exercise will be administered by a task trainer, certifier, or SME flight surgeon and structured to the Pararescueman's level of OJT certification.

3.9. Pararescue Medication and Procedure Handbook. The Pararescue Medication and Procedure Handbook, was developed by a number of respected members of the emergency medical field. The handbook is a "living work". Medicine, and especially pre-hospital medicine, is changing on a daily basis. It is our intention to have a yearly update of this manual done by the Pararescue MOAB. Comments, sug-

gestions for improvements, and operator input is actively encouraged. Address comments to HQ PACAF/DOTV or call/e-mail MSgt Kevin S. Jones at DSN 449-5955 or mailto: Kevin.Jones@cidss.af.mil .

THOMAS C. WASKOW, Major General, USAF
Director of Air & Space Operations

Attachment 1

GLOSSARY OF ABBREVIATIONS AND ACRONYMS

Abbreviations and Acronyms

AFI—Air Force Instruction

AFM/AFMAN—Air Force Manual

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

ANG—Air National Guard

CAF—Combat Air Forces

CASEVAC—Casualty Evacuation

CME—Continuing Medical Education

CSAR—Combat Search And Rescue

DDMS—Department of Defense Manager Space Transportation System

EMS—Emergency Medical System

EMT-I/P—Emergency Medical Technician - Intermediate/Paramedic

FINPLAN—Financial Plan

IAW—In Accordance With

MOAB—Medical Operations Advisory Board

MOU—Memorandum of Understanding

MPE—Medical Proficiency Evaluation

NREMT—National Registry of Emergency Medical Technicians

OJT—On the Job Training

OPLAN—Operations Plan

RQS—Rescue Squadron

SITMEDEX—Situational Medical Exercise

SME—Squadron Medical Element

SSN—Social Security Number

STAN/EVAL—Standardization/Evaluation

TAL—Trans-Oceanic Abort Landing

USAFR—US Air Force Reserve

Attachment 2

MOAB APPROVED MEDICAL SEMINARS

Special Operations OEMS Course – Bethesda, MD

Wilderness EMT courses sponsered by the Wilderness Medical Society

EMT-Tactical course by H & K

EMT-Tactical course by CONTOMs – Bethesda, MD

Swiftwater Rescue courses

Rope Rescue 1, 2, and 3 courses by California Mountain Corporation

Pre-Hospital Trauma Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support, Pediatric Advanced Life Support, Pre-Hospital Burn Life Support, or Neonatal Resuscitation courses

Dive Medical Technician (Module 16), Dick Rutkowski, Key Largo, FL

Dive Medical Technician, Special Forces Underwater Operations, Key West, FL